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## CHAPTER X

# WELFARE: HEALTH AND EDUCATION

### 1. Health and Progress

Good health is a condition of both human welfare and economic progress. Most people would agree that, if there is one sphere of human life in which the West can promote greater material welfare in the tropics, it is in the conquest of disease. For whereas western medicine rests on modern science and, by applying reason to the cure and prevention of disease, daily performs new miracles, the native medicine of the tropics is pre-scientific. Its practitioners inherit a traditional knowledge of herbs and rules of healing, and probably acquire some skill from clinical experience; even in Africa not all those who practise native medicine can be dismissed as witch-doctors,[1] but native medical practice is empirical, and its sovereign remedy is faith. Not infrequently it cures where western science fails because western medicine still calls, as it has always done, for faith, and the people trust their own doctors rather than Europeans. But if medical treatment in the tropics is to reach a higher standard, the empirical methods of native practitioners must be corrected, supplemented or replaced by methods based on scientific principles. This is the more urgent because economic development, unless kept under control, fosters unhealthy conditions, spreads disease and makes for the deterioration of native medical practice.

Doubtless under native rule the standard of health varied greatly from one place to another according to the climate, soil and native social customs, and the good physique and healthiness of tropical peoples have often attracted favourable comment. In Burma Europeans have been puzzled to reconcile the sparse population with the robust constitution of the Burmese. In Malaya 'the general good health and freedom from tuberculosis'[2] have been attributed to the fact that the villagers usually choose a site where air, light and water are abundant and build their houses in a manner that ensures good ventilation. In Africa 'early European travellers speak of the magnificent physique of the Ngoni warriors and their amazing feats of endurance'.[3] Economic development changes the environment.

[1] *African Survey*, p. 1198. [2] Mills, p. 320. [3] Read, p. 21.

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Pestiferous slums compel attention in the larger towns, but conditions may be worse in the smaller towns up-country where they escape notice; even the villages often suffer from congestion. Food is less abundant, because cultivation for export reduces the area under subsistence crops, and the greater pressure on this smaller area diminishes the outturn; the demands of western enterprise for labour have a similar effect. Often the people take to cheaper or to more palatable but less nutritious food; thus groundnut oil replaces sesamum oil, cassava replaces rice, polished rice spreads beri-beri; sometimes the food is adulterated with imported products as when for some years large quantities of mineral oil were imported into Burma to mix with native vegetable oils. The natural effect of the economic forces released in the course of development is to lower the standard of health.[1]

Again, with man, as with crops and cattle, there is an intimate link between material development and infection. The improvement of communications and the mass migration of labourers spread old diseases and bring in new diseases. In Africa 'diseases have been introduced to which the African was formerly a stranger, and fresh strains of parasites cause attacks to which he was formerly immune; further, Africans now contract diseases common to temperate zones, and it is possible that the intensity of these is increased owing to the lack of acquired immunity'. The spread of sleeping sickness 'must in many cases be associated with the opening of new communications and the development of trading facilities'. The conditions under which labour is employed foster venereal disease, which in modern Africa seems to have an incidence ranging from 50 to 90 %.[2]

For various reasons also native medical skill deteriorates. The patronage of native rulers encourages the most successful physicians, and helps to maintain traditions, in Burma reminiscent of the Hippocratic oath, that make for professional self-respect. Under western rule the native doctors lose their best and most remunerative clients. Moreover the herbs, formerly gathered in the fields, come to be purchased in the market, and are liable to adulteration, so that the practitioner no longer knows what he prescribes. This applies also to modern substitutes for native drugs, such as cheap brands of quinine tabloids which, if they contain any quinine, are of little use except as marbles owing to the thickness of the coating; prac-

[1] *ISC*, 1, 21; Mills, p. 321; *RAB*, 1915–16, p. 30; 1918–19, p. 41.
[2] *African Survey*, pp. 1129, 1144–6, 1199.